

Safety Committee/Infection Control Minutes

05/26/2009

Attendees: Steve Barden, Ed Riddell, Fran Levine, David Mitchell, Tommie Murray, Dr. Gordon Gieg, Deb Bard, Sarah Merrill

Infection Control

- Hand hygiene/glove use: Tommie Murray reviewed the CMS finding related to staff member and hand hygiene/use of gloves. David Mitchell reported that Education and Training developed hand hygiene and glove use education materials. These materials were placed in read-and-sign binders on the units as of Friday May 22, 2009 and contain a four question post-test to be completed by nursing staff.
- CMS: Tommie Murray provided a CMS update and reviewed the plan of correction.
- Infection surveillance: Dr. Gordon Gieg reported that he will resume use of the infection control log (its availability and use were affected by the IT issues of last month).
- H1N1/swine flu emergency planning: Tommie Murray reported that VSH developed a H1N1/swine flu plan as its yearly emergency planning drill in April. This effort was headed by Leah Mattesson, RN, MSN, CNS of Education and Training. The plan was impacted by the inability of the HVAC system to isolate patient care areas by floor/section of floor. N95 masks would therefore be needed for everyone. Tommie Murray is to attend class re: staff fit testing for masks. There was consideration of a patient-by-patient evaluation of potential compliance with mask use. The plan also factored in no external assistance for a minimum of three days. The plan was not broadly distributed due to decrease in the national incidents of H1N1/swine flu. VSH continues to monitor the CDC website daily re: recommendations for further planning. Dr. Gieg also noted that the Department of Health has an algorithm for the testing and treating of patients. Next steps: Education and Training to provide Executive Summary of the H1N1/swine flu plan for leadership and staff distribution.
- Oven cleaning: Deb Bard will maintain oven cleaner for unit distribution. MSDS sheets re: the oven cleaner have been provided to housekeeping. Next steps: Deb Bard will monitor the unit kitchen ovens for cleaning and provide cleaner as necessary.
- Labeling of food products: Deb Bard provided reminder re: dating and labeling food products.
- Oven repair on BR: BR oven repair for loose handle needs to be completed. Next steps: Follow-up to insure repair has occurred or new appliance ordered.
- Staff issues: Deb Bard provided to examples of recent infection control issues with staff. In the first instance, a staff member washed plastic plates and utensils in an effort to recycle. Deb reportedly informed staff member that items needs to be discarded and not recycled. In the second instance, s staff member failed to remove and change gloves while performing many kitchen tasks to include

cleaning, serving food, etc. Staff member reminded of proper hand hygiene and glove use.

Emergency Drill Summaries

- David Mitchell reviewed issues that were brought forth by last month's emergency drills:
 - 1) A key to the Admissions office needs to be made available to the nursing supervisor. Next steps: David Mitchell to follow-up with Dena Weidman, COO re: key availability
 - 2) Nursing supervisor needs to have access to the paging system and operation instructions. Next steps: David Mitchell to access simplified instructions.
 - 3) Staff need to identify location of emergency but not only room number as many staff unfamiliar with specific room number. Need to include descriptor of location (ie: Dale 110 Clinic area hallway). Next steps: Education and Training to include this in newsletter to staff.
 - 4) First Aid pack in Admissions had not been checked since 2/09. Since it is not an emergency pack staff are not held to checking it daily. Next steps: David Mitchell to contact Myra Perry re: checklist to identify first aid pack and first aid packs to be checked monthly by night shift nursing supervisor (Admissions first aid pack) and Treatment Mall staff (Treatment Mall first aid pack).

Follow-up to Ice on Units

- Current plan is for ice scoop not to be left in the ice and to be cleaned after each use. Scoop to be kept in plastic container outside of ice container. Next steps: Deb Bard to provide new ice scoops for each unit and also to make sure each unit has a plastic container for the ice scoop.

Variance Reports

- Discussion deferred until next meeting.

Meeting adjourned.